California MEDICINE

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EDITORIAL

Tetanus Immunization

ONE OF THE GREAT SATISFACTIONS in the science of medicine is the development of agents which will eliminate or control a disease entity. Yet too often too many persons delay availing themselves of the use of the agent that is proved to be effective.

Public health reports in California show that the incidence of poliomyelitis in the opening months of 1959 is running about double the number of cases recorded in the same 1958 period. A portion of the same report shows that some 70 per cent of the current victims have not had the Salk vaccine shots which provide a high degree of immunity from the paralyzing forms of the disease.

Here is an agent which has had widespread publicity, professional promotion, public appeals, public fund-raising and all the modern gimmicks which Madison Avenue can supply—and yet a large number of people forego its use.

While Salk vaccine has had the advantage of modern advertising and publicity techniques, an even more effective immunizing agent rests in our hands, in the form of tetanus toxoid. Its use has been well established, its record of effectiveness in preventing tetanus has been proved beyond question and its availability accepted *a priori.*

Elsewhere in this issue there appear two articles on tetanus [see pages 318 and 322], one of them by a public health official describing 232 cases of tetanus recorded in a six-year period. The statistics in this paper point to some important conclusions. Tetanus is no respecter of area, of age or of the site where infection occurs. Tetanus caused death in 47 per cent of all cases listed for this six-year period.

Thirty of California's 58 counties reported tetanus cases in the period reviewed and these covered metropolitan and rural areas, mountainous and valley districts, northern and southern counties.

As to causative factors, the list shows a wide variety. These include punctures, lacerations, abrasions, crushed digits, ulcers, burns, infections, surgical complications, compound fractures, gangrene, bullet or knife wounds and even abortions.

Even where tetanus antitoxin was administered following an injury and before the onset of symptoms, a large proportion of the patients died. One of the two articles in this issue emphasizes the hazards of the use of antitoxin and indicates the nicety of decision that devolves upon a physician contemplating use of the serum in a patient with a "tetanus prone" wound.

The physician is thus left with the cold statistical fact that practically any injury which makes an opening in the skin is to some degree susceptible to tetanus infection. Against the possibility of infection he must weigh the knowledge that the use of antitoxin may cause severe disease in a rather high proportion of cases. If the patient has had previous immunization with toxoid, of course, the decision is a much easier one, but unfortunately few patients can provide information as to whether or not they have had tetanus toxoid in the past or, if they do remember it, few can say when the last booster injection was given.

Although tetanus has not been advertised as an important public problem over the years its deadly character has not diminished. Public health records show that in the period 1920-1924, when California's population was much smaller and when immunization was not yet in wide use, there were 264 cases and the mortality was 82 per cent.

While modern records present a striking improvement over those of some years ago, a mortality rate of 47 per cent today represents a shocking challenge. Fortunately, the challenge is one which can be met successfully.

Although the number of cases of tetanus reported does not loom very large in a state with California's population, the fact that immunization is available for a disease known as a killer should call for sober reflection by all physicians.

Before too long a time, we hope, there may be a crash program to secure tetanus immunization for all our citizens. When such a campaign is organized, it would have at its command all the publicity techniques which have already been applied to venereal disease and to poliomyelitis. With tetanus, the prognosis of immunization is even more favorable than with these other scourges which have been controlled, if not obliterated, through the combination of effective preventive or therapeutic measures and an aroused public and profession.

Until that day comes, it is the duty of every physician to urge tetanus immunization on his patients, to keep records to show when booster shots are due, to impress patients with the importance of maintaining immunity and of being able to tell any attending physician when he had his most recent booster, and to remain ever alert to the death-dealing character of this disease.

Editorial Comment...

The Future of California Physicians' Service

As California Physicians' Service approaches its majority, its physician members can look back on great accomplishments in the field of health insurance and good public relations. They may feel pleased that C.P.S. still is strongly in the hands of the medical profession, remembering that as individuals they have millions of dollars of time and effort invested in the subsidization of its service plans. But the future they can look forward to is far from certain. For some years now C.P.S. has been upon a plateau of growth and activity. What lies ahead?

This is a day when institutions, organizations, industry, labor unions and government put large amounts of money, long hours of work and effort into applied research which is done under direct supervision or indirectly by financial support of separate research organizations, institutes or universities. Experience has shown that applied research pays. The members of the California Medical Association, through C.P.S. have encouraged and supported practical and applied research in the economic problem of medical care. C.P.S. besides being a fiscal agent of the California Medical Association, can be regarded as the applied research arm of the medical profession of California in this increasingly important field of economics. These efforts of California physicians have paid well in offering positive leadership when it was needed, in gaining practical experience for physicians and others, in health insurance and, early in the life of C.P.S., in effectively halting and since then slowing the progress of socialization of medicine.

To what current problems should our economic researches be turned?

I suggest four important steps to which the physicians of California and C.P.S. should give immediate attention.

1. As rapidly as possible, consistent with sound business principles, base all C.P.S. fee schedules on the Relative Value Study with a dollar base in keeping with the usual fees in a geographic area.

2. We must be prepared through C.P.S. to negotiate, whenever necessary, with federal, state and local government units as well as with industry and labor for the establishment of fee schedules which are based on these principles. These fee schedules may be used by those physicians who choose to do so.

3. We must make medical care plans available for persons over 65 years of age, and we must encourage others to offer hospital care plans that will meet the usual needs of this important and increasingly numerous group of citizens. This action would be in keeping with the recommendations of the House of Delegates of the American Medical Association in December, 1958, and with the actions of the Western New York Blue Shield Plan.

4. We must encourage and develop plans which will cover the medical and hospital needs of those people who desire coverage for catastrophic or major medical illness.

In order to meet the needs of these latter two groups (noted in items No. 3 and No. 4 above) in particular, and in the hope of forestalling government establishment of socialized medicine by little and little, the members of the C.M.A. through C.P.S. must act rapidly and must stand ready again, as individuals to subsidize these plans until the plans can be got on their feet. Sound practice may make it desirable at first to attempt initiating these plans in selected localities for purposes of gaining experience and avoiding excessive and unrealistic contributions by participating physicians. Principles of deductibility and co-insurance and indemnity type plans are very important, but in our race against socialized medicine they may need to be modified or possibly even abandoned.

To maintain some measure of independence in practice, to delay and possibly avoid increasing socialization of medicine and to keep control of the economic factors in the practice of medicine, physicians must again be ready individually to subsidize the applied research arm of the C.M.A., namely C.P.S. They must meet these problems with vision, with unity, with honesty and with determination to succeed.

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Presented before the House of Delegates of the California Medical Association, February 22, 1959.